



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (91958), 2. Name of Corporation (East Bay Dental Associates, Inc.), 3. Street Address (1052 Main Street), 4. Business Phone No. (253-5410), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (9233), 7. Brief Description of the Character of Business (TO PROVIDE DENTAL SERVICES), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Thomas P. Enright, DMD; Secretary: Julia A. Karam; Treasurer: Thomas P. Enright, DMD), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Thomas P. Enright, DMD), 10. SHARES AUTHORIZED (8,000 NO PAR VALUE), 11. SHARES ISSUED (1 CLASS A, 49 CLASS B).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*91958\*

FILED

File Date: MAR 11 2005
Check No.
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

President
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91958		2. Name of Corporation East Bay Dental Associates, Inc.			
3. Street Address Principal Business Office 1052 Main Street			City Warren	State RI	Zip 02885
4. Business Phone No. 253-5410		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE DENTAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas P. Enright, DMD			Vice President Name NONE		
Street Address Poppasquash Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Julia A. Karam			Treasurer Name Thomas P. Enright, DMD		
Street Address 851 Highland Avenue			Street Address Poppasquash Road		
City Fall River	State MA	Zip 02720	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas P. Enright, DMD			Director Name		
Street Address Poppasquash Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		1	CLASS A	NO PAR VALUE
			49	CLASS B	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 9 5 8 \*

File Date **FILED**

Check No. **JAN 29 2004**

By: **Ev ML8/66**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Thomas P. Enright, DMD** Date \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*91958\*      2. Name of Corporation East Bay Dental Associates, Inc.

3. Street Address Principal Business Office  
1052 MAIN STREET      City WARREN      State RI      Zip 02885

4. Business Phone No. 401-253-5410      5. State of Incorporation RHODE ISLAND      6. SIC Code 9233

7. Brief Description of the Character of Business Conducted in Rhode Island  
Dental Practice.

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Thomas P. Enright, DMD	Vice President Name NONE
Street Address Poppasquash Road	Street Address
City Bristol      State RI      Zip 02809	City      State      Zip
Secretary Name Julia A. Karam	Treasurer Name Thomas P. Enright, DMD
Street Address 851 Highland Avenue	Street Address Poppasquash Road
City Fall River      State MA      Zip 02720	City Bristol      State RI      Zip 02809

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Thomas P. Enright, DMD	Director Name
Street Address Poppasquash Road	Street Address
City Bristol      State RI      Zip 02809	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)       11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		1	CLASS A	NO PAR VALUE
			49	CLASS B	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 9 5 8 \*

\*\*91958\* 5/7/03 5:10:03 PM\*

File Date 5-15-03

Check No. 1332

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]*      5/12/03  
Signature of Officer      Date

Print or Type Name of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91958** 2. Name of Corporation **East Bay Dental Associates, Inc.**  
3. Street Address Principal Business Office **1052 Main Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **253-5410** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Dental Practice.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Vice President Name <b>NONE</b> Street Address  City State Zip
Secretary Name <b>Julia A. Karam</b> Street Address <b>851 Highland Avenue</b> City <b>Fall River</b> State <b>MA</b> Zip <b>02720</b>	Treasurer Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Director Name  Street Address  City State Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>8,000</b>	<b>NO</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1</b>	<b>CLASS A</b>	<b>NO PAR VALUE</b>
	<b>49</b>	<b>CLASS B</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 9 5 8 \*

File Date: 3-14-02  
Check No.: 133  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: \_\_\_\_\_  
Print or Type Name of Officer: Thomas P. Enright  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91958** 2. Name of Corporation **East Bay Dental Associates, Inc.**

3. Street Address Principal Business Office **1180 Hope Street** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. **253-5410** 5. State of Incorporation **RHODE ISLAND** 6. ~~State of~~ **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Dental Practice.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Vice President Name <b>NONE</b> Street Address  City _____ State _____ Zip _____
Secretary Name <b>Julia A. Karam</b> Street Address <b>851 Highland Avenue</b> City <b>Fall River</b> State <b>MA</b> Zip <b>02720</b>	Treasurer Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Director Name  Street Address  City _____ State _____ Zip _____
Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>8,000 SHS</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1</b>	<b>CLASS A</b>	<b>NO PAR VALUE</b>
	<b>49</b>	<b>CLASS B</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 9 1 9 5 8 \*

File Date: 3-14-01  
Check No.: 2944  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date 3-1-01  
Signature of Officer  
Thomas P. Enright  
Print or Type Name of Officer  
[Signature]  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91958** 2. Name of Corporation **East Bay Dental Associates, Inc.**  
3. Street Address Principal Business Office **1180 Hope Street** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. **253-5410** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Dental Practice.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b> Secretary Name <b>Julia A. Karam</b> Street Address <b>851 Highland Avenue</b> City <b>Fall River</b> State <b>MA</b> Zip <b>02720</b>	Vice President Name <b>NONE</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b> Treasurer Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Director Name  Street Address  City  State  Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>8,000 SHS</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1</b>	<b>CLASS A</b>	<b>NO PAR VALUE</b>
	<b>49</b>	<b>CLASS B</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 9 5 8 \*

File Date: 2-23-00  
Check No.: 2391  
By: AMF  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/26/00  
Print or Type Name of Officer: THOMAS P. ENRIGHT  
Title of Officer: \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>91958</b>		2. Name of Corporation <b>East Bay Dental Associates, Inc.</b>			
3. Street Address Principal Business Office <b>1180 Hope Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>253-5410</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9233</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Dental Practice.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas P. Enright, DMD</b>			Vice President Name <b>NONE</b>		
Street Address <b>Poppasquash Road</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>Julia A. Karam</b>			Treasurer Name <b>Thomas P. Enright, DMD</b>		
Street Address <b>32 Washington Street</b>			Street Address <b>Poppasquash Road</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Thomas P. Enright, DMD</b>			Director Name		
Street Address <b>Poppasquash Road</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS NO PAR VALUE</b>			<b>1</b>	<b>CLASS A</b>	<b>NO PAR VALUE</b>
			<b>49</b>	<b>CLASS B</b>	<b>NO PAR VALUE</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 04-07-99  
1966  
Check No.: \_\_\_\_\_  
By: JD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Thomas P. Enright 3/21/99  
Signature of Officer Date  
**THOMAS P. ENRIGHT**  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>91958</b>		2. Name of Corporation <b>East Bay Dental Associates, Inc.</b>			
3. Street Address Principal Business Office <b>1180 Hope Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9233</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To provide dental services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Thomas P. Enright, D.M.D.</b>			Vice President Name <b>Raymond George, D.M.D.</b>		
Street Address <b>Poppasquash Road</b>			Street Address <b>27 DuCarl Drive</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Raymond George, Jr., DMD</b>			Treasurer Name <b>Raymond George, Jr., DMD</b>		
Street Address <b>188 Woodward Avenue</b>			Street Address <b>188 Woodward Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Thomas P. Enright, DMD</b>			Director Name <b>Raymond George, DMD</b>		
Street Address <b>Poppasquash Road</b>			Street Address <b>27 DuCarl Drive</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>Raymond Gerge, Jr., DMD</b>			Director Name <b>None</b>		
Street Address <b>188 Woodward Avenue</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS NO PAR VALUE</b>			<b>3</b>	<b>Class A</b>	<b>No Par</b>
			<b>97</b>	<b>Class B</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 9 5 8 \*

File Date: 3/9/98  
Check No.: 2074  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/2/98  
Signature of Officer Date  
Raymond George Jr  
Print or Type Name of Officer  
[Signature]  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91958** 2. Name of Corporation **East Bay Dental Associates, Inc.**  
3. Street Address Principal Business Office **1180 Hope Street** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**

7. Brief Description of the Character of Business Conducted in Rhode Island

**To provide dental services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Thomas P. Enright, D.M.D.</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Vice President Name <b>Raymond George, D.M.D.</b> Street Address <b>27 DuCarl Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Secretary Name <b>Raymond George, Jr., DMD</b> Street Address <b>188 Woodward Avenue</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	Treasurer Name <b>Raymond George, Jr., DMD</b> Street Address <b>188 Woodward Avenue</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Thomas P. Enright, DMD</b> Street Address <b>Poppasquash Road</b> City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	Director Name <b>Raymond George, DMD</b> Street Address <b>27 DuCarl Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Director Name <b>Raymond George, Jr., DMD</b> Street Address <b>188 Woodward Avenue</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	Director Name <b>None</b> Street Address  City _____ State _____ Zip _____

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	NO PAR VALUE		3	Class A	No Par
			97	Class B	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 7/22/97  
Check No.: 1245  
By: 91958  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Signature of Officer: Raymond George Jr Date: 7/16/97  
Print or Type Name of Officer: RAYMOND GEORGE JR DMD  
Title of Officer: Sec/Treasurer